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<b>REISSUE APPLICATION DECLARATION BY THE ASSIGNEE</b>		DocId Number (optional) <b>5689-165RRI</b>
I hereby declare that:		
The residence, mailing address and citizenship of the inventors are stated below.		
I am authorized to act on behalf of the following assignee: <u>Weavexx Corporation</u>		
and the title of my position with said assignee is: <u>Vice-President of Technology</u>		
The entire title to the patent identified below is vested in said assignee.		
Inventor <b>Kevin J. Ward</b>	Citizenship <b>Canada</b>	
Residence/Mailing Address <b>1476 Meghan Drive, Coldbrook, Nova Scotia B4R1A1 Canada</b>		
Inventor	Citizenship	
Residence/Mailing Address		
<input type="checkbox"/> Additional inventors are named on separately numbered sheets attached hereto.		
Patent Number <b>5,967,195</b>	Date of Patent Issued <b>October 19, 1999</b>	
Title of Invention <b>Multi-Layer Forming Fabric With Stitching Yarn Pairs Integrated Into Papermaking Surface</b>		
I believe said inventor(s) to be the original and first inventor(s) of the subject matter which is described and claimed in said patent, for which a reissue patent is sought on the invention entitled:		
the specification of which		
<input type="checkbox"/> is attached hereto.		
<input checked="" type="checkbox"/> was filed on <u>18 October 2001</u> as reissue application number <u>09 /982,917</u>		
and was amended on _____ (If applicable)		
I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.		
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.		
I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)		
<input type="checkbox"/> by reason of a defective specification or drawing.		
<input checked="" type="checkbox"/> by reason of the patentee claiming more or less than he had the right to claim in the patent.		
<input type="checkbox"/> by reason of other errors.		

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.5 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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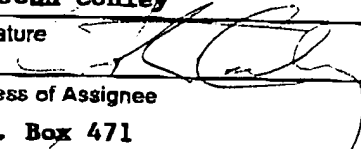


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<b>REISSUE APPLICATION DECLARATION BY THE ASSIGNEE</b>		<b>Docket Number (Optional)</b> 5689-165RET	
At least one error upon which reissue is based is described as follows:			
<p>Patentee did not specifically claim relationship of stitching yarn knuckles on bottom surface of fabric to floats of bottom machine direction yarns.</p>			
[Attach additional sheets, if needed.]			
All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant.			
I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the United States Patent and Trademark Office connected therewith.			
Name(s)		Registration Number	
James R. Cannon		35,839	
Correspondence Address: Direct all communications about the application to:			
<input checked="" type="checkbox"/> Customer Number	20792	<div style="border: 1px solid black; padding: 5px; text-align: center;">             Place Customer Number Bar Code Label Here           </div>	
OR	Type Customer Number Here		
<input checked="" type="checkbox"/> Firm or Individual Name	Myers Bigel Sibley & Sajovec, P.A.		
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Country	USA	Zip	27627
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<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.</p>			
Full name of person signing (given name, family name) John Conley			
Signature		Date	
		9 August 2002	
Address of Assignee			
P.O. Box 471			
Wake Forest, North Carolina 27588			

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